

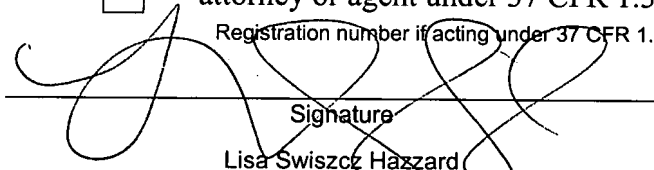


PTO/SB/22 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> 56086RCE(71699)	
Application Number      10/823,089      Conf #3168		Filed      April 12, 2004	
For    DEVICES FOR INTRAOCULAR DRUG DELIVERY			
Art Unit    3767		Examiner      Benjamin Huh	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR	\$120	\$60      \$      \$120
<input type="checkbox"/>	Two months (37 CFR	\$450	\$225      \$
<input type="checkbox"/>	Three months (37 CFR	\$1020	\$510      \$
<input type="checkbox"/>	Four months (37 CFR	\$1590	\$795      \$
<input type="checkbox"/>	Five months (37 CFR	\$2160	\$1080      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit			
Deposit Account      04-1105      . I have enclosed a duplicate copy of this			
I am <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record.      44,368			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
 _____ Signature		September 12, 2007	
Lisa Swisocz Hazzard		09/14/2007 HAZZARD Date 09/14/2007 041105	
Typed or printed name		(617) 517-5512	
		Telephone Number	
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>			
<input type="checkbox"/> Total of      1      forms are submitted.			

10823089

10823089